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## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER AS FILED 1st AMENDMENT QEP. DEP. DEP. IND. DEP. IND. DEP. IND. IND. DEP. IND. i TOTAL IND. TOTAL IND. \_1 TOTAL DEP. TOTAL DEP. TOTAL CLAIMS

\*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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